

ARIZONA LAW ENFORCEMENT MERIT SYSTEM COUNCIL

TRAINING AND EXPERIENCE SUPPLEMENT

FOR

POLYGRAPH EXAMINER

Selection Process I.D.#

9724/--/0707.E1

COMPETITOR NAME _____

LAST FOUR DIGITS OF SSN#_____

JULY 2007

POLYGRAPH EXAMINER

SUPPLEMENT TO APPLICATION

DIRECTIONS

This supplement, along with your application, will be used to determine your eligibility for the classification of Polygraph Examiner for the Department of Public Safety. Your written response to these questions will be reviewed to evaluate your experience and your ability to present information in a logical and easily understood manner. Only those candidates with the most job-related backgrounds and expertise will be invited to continue in the selection process.

- **TYPE OR PRINT YOUR RESPONSE TO EACH QUESTION.**
- **YOU MAY ATTACH ADDITIONAL PAGES TO THIS SUPPLEMENT.**
- **CLEARLY IDENTIFY THE QUESTION YOU ARE ANSWERING.**

LAST FOUR DIGITS OF SSN# _____

POLYGRAPH EXAMINER

SUPPLEMENT TO APPLICATION

1. Indicate your total number of years as an active full time polygraph examiner in a non-law enforcement agency by placing a check mark (✓) in the appropriate box. Please document this experience to include a description of the type of examinations you administered, name and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

NON-LAW ENFORCEMENT EXPERIENCE		
4 – 5 yrs	6 - 7 years	Over 7 years

2. Indicate your total number of years as an active full time polygraph examiner for a law enforcement agency by placing a check mark (✓) in the appropriate box. Please document this experience to include a description of the type of examinations you administered, name and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

LAW ENFORCEMENT EXPERIENCE		
1 - 3 years	4 – 6 years	Over 6 years

3. Indicate your total years of performing criminal investigative procedures by placing a check mark (✓) in the appropriate box. Please document this experience to include a description of your experience, name and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

CRIMINAL INVESTIGATIVE PROCEDURES EXPERIENCE		
1- 3 years	4 – 6 years	Over 6 years

LAST FOUR DIGITS OF SSN: _____

4. Indicate your experience using computerized polygraph instruments by placing a check mark (√) in the appropriate boxes. Please document your experience to include a description of your experience, length of experience, name of and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

COMPUTERIZED POLYGRAPH INSTRUMENTS	
Lafayette	
Other (specify)	

5. Indicate your experience using the following computer software by placing a check mark (√) in the appropriate boxes. Please document your experience to include a description of your experience, length of experience, name of and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

COMPUTER EXPERIENCE	
Word	
Lotus Notes	
Access	

CERTIFICATE OF APPLICANT VERIFICATION

By my signature, I certify that all answers on this training and experience questionnaire are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration or my employment with the Arizona Department of Public Safety terminated.

Signature _____

Print Name _____

Social Security Number _____

Date _____